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CONFIRMATION NO. 6448

<b>SERIAL NUMBER</b> 10/524,304	<b>FILING OR 371(c) DATE</b> 02/08/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> SAND3.0-002PCT/US	
<b>APPLICANTS</b> Ira Sanders, New York, NY; Rosemary Aquila, North Berger, NJ;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/25708 08/18/2003 <i>CMK</i> which claims benefit of 60/404,378 08/19/2002  <b>** FOREIGN APPLICATIONS *****</b> <i>None CMK</i>  <div style="text-align: right;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>CMK</i> Examiner's Signature <i>CMK</i> Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 53	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 47375					
<b>TITLE</b> Treatment of holocrine gland dysfunction with clostridia neurotoxins					
<b>FILING FEE RECEIVED</b> 1125	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		